

**SEWAGE PERMIT/EVALUATION APPLICATION**

LEWIS COUNTY HEALTH & SOCIAL SERVICES  
ENVIRONMENTAL HEALTH DIVISION  
2025 NE Kresky Avenue, Chehalis WA 98532  
Phone: (360) 740-1146 or 1-800-562-6130 ext. 1146

**TAX PARCEL No.**

Section: Township: Range:

**PROPERTY OWNER'S INFORMATION (Please Print)**

Name

Mailing Address

City State Zip

Daytime Phone

**APPLICANT'S INFORMATION (Please Print)**

Name

Mailing Address

City State Zip

Daytime Phone

**PROJECT DESCRIPTION:**

- ☐ New Construction No. of Bedrooms \_\_\_\_\_  
☐ Repair Recorded Acreage \_\_\_\_\_  
☐ Subdivision SFR ☐ Commercial ☐  
☐ Soil Evaluation Only  
☐ Verification of Existing System  
☐ Operation & Maintenance  
☐ Transfer of Existing Permit No. \_\_\_\_\_  
☐ Connection/Reconnect to: \_\_\_\_\_  
  
☐ Alteration to Existing System (Explain)

**LOCATION OF PROPERTY:**

Street Name City

Directions to Site

**SITE APPLICATION PROJECT PLAN (Page 2) REQUIRED****WATER SYSTEM**

- ☐ Individual Well ☐ Spring  
☐ Public Water System ☐ Shared Well (2 hook ups only)  
1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_  
System Name \_\_\_\_\_  
System ID No. \_\_\_\_\_

**NOTE**

**Incomplete applications or applications that do not result in permit issuance shall expire one year from the date of application as specified in Lewis County Code Chapter 8.40.090**

**APPEAL**

Any person aggrieved by a decision of an inspection or notice made by the health officer shall have the right to appeal the matter as specified in Lewis County Code Chapter 8.40.260.

Fee \$ \_\_\_\_\_ Date Rcvd. \_\_\_\_\_ Rcvd. By \_\_\_\_\_

Receipt # \_\_\_\_\_ Record Search By \_\_\_\_\_

**Permit/Application No.****CARL Review No.**

Soil Class \_\_\_\_\_

Comments/Letters \_\_\_\_\_

Primary Septic Tank(s) \_\_\_\_\_ gal. Pump Req'd Yes ☐ No ☐

Distribution Line Total \_\_\_\_\_ ft.

Filtration Area \_\_\_\_\_ sq. ft.

Application Rate \_\_\_\_\_ gal./sq.ft./day

Design Flow \_\_\_\_\_ gallons/day

Maximum Trench Depth \_\_\_\_\_ inches

Fill Required \_\_\_\_\_ inches

System Designer \_\_\_\_\_

**PERMIT**DISAPPROVED: By \_\_\_\_\_ Date \_\_\_\_\_

APPROVED: By \_\_\_\_\_ Date \_\_\_\_\_

Sewage Permit Issued: \_\_\_\_\_ Expires: \_\_\_\_\_

DATE PERMIT MAILED \_\_\_\_\_

**ADDITIONAL COMMENTS/REQUIREMENTS:**☐ Shared Well (2 hookups only)